



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

January 14, 2011

Dear Interested Parties:

LOW INCOME HEALTH PROGRAM (LIHP) APPLICATION DOCUMENTS

The Department of Health Care Services (DHCS) is pleased to release the *Program Requirements and Application Process – Low Income Health Program (LIHP)*, *Low Income Health Program Application*, and *Letter of Interest*. Please thoroughly read the *Program Requirements and Application Process* document prior to completing the *Low Income Health Program Application* and use it throughout the process as a valuable resource. Please complete the brief, non-binding, voluntary *Letter of Interest* form and submit to DHCS by January 24, 2011. The *Letter of interest* will assist DHCS with targeted communication and updates to interested applicants throughout the process.

DHCS encourages all eligible entities to submit a LIHP application and take part in this important program benefiting local entities and providing an opportunity to help build the bridge to the health care reforms of 2014. LIHP applications must be transmitted electronically to the LIHP mailbox (LIHP@dhcs.ca.gov) or postmarked no later than February 14, 2011, or hand delivered to DHCS by 5:00 p.m. PST on February 14, 2011 according to the application submittal instructions.

Eligible applicants, not submitting an application in this initial application period, may submit an application in the next application period as announced by DHCS upon completion of the initial application period.

The *Program Requirements and Application Process - LIHP*, *Low Income Health Program Application*, *Letter of Interest*, timeline, and additional information are posted on the LIHP webpage. The webpage is located at the home page for DHCS (www.dhcs.ca.gov); on the left side of the page, simply click on the Low Income Health Program button and you will be taken to the LIHP webpage where the documents are posted.

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Thank you for your interest in the LIHP and we welcome your application. Should you have any questions or need any additional information, please submit a request to the LIHP email address at LIHP@dhcs.ca.gov or to Bob Baxter at bob.baxter@dhcs.ca.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jalyne Callori". The signature is fluid and cursive, with the first name "Jalyne" and last name "Callori" clearly distinguishable.

Jalyne Callori, Chief
Low Income Health Program Branch